

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. <sup>185</sup> 462

Registered No. 462

## 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 116 Met. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_2. Full name of child Rafael Perez (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct. 24-1928  
Month Day Year8. FATHER  
Full name Rosendo Perez9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona10. Color or race Met. 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Jalisco  
(State or country) Met.13. Occupation  
Nature of industry Miner14. MOTHER  
Full maiden name Maria Marquez15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona16. Color or race Met. 17. Age at last birthday 22 (Years)18. Birthplace (city or place) Jalisco  
(State or country) Met.19. Occupation  
Nature of industry Housewife20. Number of children of this mother 3 (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum. yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown  
PhysicianGiven name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona (Physician or midwife).

Month, day, year \_\_\_\_\_

Filed Nov 3 19 28 C. S. Jones

Registrar. Registrar.

937-1024-449

N. B.—In case of more than one child at a birth, a SEPARATE order of birth should be filed.